Short Report

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BUILDING CAPACITY AND ENTHUSIASM FOR SENIOR PERSON'S HEALTH

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Tho' much is taken, much abides; and tho'
We are not now that strength which in old days
Moved earth and heaven, that which we are, we are;
One equal temper of heroic hearts,
Made weak by time and fate, but strong in will
To strive, to seek, to find and not to yield.

Alfred Lord Tennyson as cited in Baron (2002, p.17)

INTRODUCTION

Tennyson reminds us that vigour and strength may yet be found despite our advancing years. This view, however, is not widely supported in western society, where later life is more likely to be associated with frailty and a loss of relevance (Robinson & Cubit, 2005). Gerontological nursing as a specialty struggles to attract and retain a passionate and highly qualified workforce (Robinson, Andrews-Hall, & Fassett, 2007) with aged residential care (ARC) being coined the professional backwater of nursing. (Annear, Lea, & Robinson, 2014)

This discussion paper will explore some of the factors contributing to current recruitment and retention issues in aged care, with regard to the elements required for the practical and theoretical preparation of a future aged care nursing workforce. A deliberate investment in the preparation of undergraduate nursing students for the aged care workforce will be showcased, namely a new course in senior person's health (SPH) at Otago Polytechnic. It is hoped that this discussion will bring new understandings to contemporary practice and some of the elements required for the successful preparation of a future aged care nursing workforce.

THE NEW ZEALAND SENIOR

The Ministry of Health provides useful statistics about older New Zealand citizens. In addition to a growing number of older people, life expectancy now exceeds that of any previous period in history. Many of our later years will be lived out with a disability, in the context of multi-morbidity and co-existing chronic conditions (Ministry of Health, 2018). As many as one in four New Zealanders now live with multiple long-term conditions (Askerud, Jaye, McKinlay, & Doolan-Noble, 2020). In response to this changing landscape, the New Zealand Office for Seniors (2019) released a roadmap entitled 'Better later life', predicting that "by 2034, there will be 1.2 million people aged 65+ (21 percent or just over a fifth of the population)" (2019, p.9). The roadmap promotes an inclusive and connected aging population.

These compounding statistics underscore, with some urgency, the need for a comprehensive preparation of a nursing pipeline for care of seniors in many settings; rural and urban, primary and secondary care communities (Davis, 1991). We need a passionate nurse with the skills required to work with people with higher levels of dependency (Robinson et al., 2007). This includes many residents living with cognitive impairment and specialist mental health needs, including dementia.

WORKFORCE ISSUES

The COVID-19 pandemic in early 2020 had a devastating impact upon the vulnerable ARC population and the nursing workforce that serve it and reinforced the importance of a well-prepared aged-care workforce (Davis & Parmee, 2020). One issue cited as a constraint to the recruitment of nurses to gerontology is a failure to promote it as a positive career choice. Criticism includes a cultural bias in undergraduate nursing education towards acute care and acute models of health (Annear et al., 2014). Gerontology is seen as less technical than acute care, carrying negative stereotypes including heavy workloads, a task orientation, poor resourcing and limited access to education (Neville, Dickie, & Goetz, 2014). Other factors described in the literature include a perception of boredom, limited technology and professional isolation (Robinson & Abbey, 2007).

These stereotypes are problematic to the recruitment of new nurses, many of whom report negative bias towards gerontology (Annear et al., 2014). The experience of student nurses on clinical placement is critical to their future career. Some researchers claim a direct relationship between positive clinical experience and subsequent career choice (Robinson et al., 2007). Unfortunately, both positive and negative experiences have been reported by students in gerontological settings (Brynildsen, Bjork, Berntsen, & Hestetun, 2014). Students who perceive gerontological settings as inhospitable learning environments are less inclined to consider it as a future career choice (Davenport, 2018).

One constraint to successful undergraduate placement in ARC is a lack of trained preceptors and few opportunities to work alongside Registered Nurses (RN) (Davenport, 2018). There may be few RN Preceptors rostered on a given day or the RN Preceptor may be in charge and unable to work alongside the student. This is further compounded where there are staff shortages, part time workers and casualisation in the workforce (Robinson et al., 2007). In addition, many RN Preceptors are nearing retirement age (Robinson & Abbey, 2007). The Office for Seniors (2019) suggests that consideration must be given to ways of supporting the significant proportion of older workers who choose to stay in the paid workforce for social and financial reasons.

Salary or pay parity between aged care and district health board nurses is cited as contributing to the poor retention of an ARC nursing workforce (Davis, 1991; Robinson & Abbey, 2007). Competent staff may choose to leave aged care settings, attracted by the fiscal appeal of district health board counterparts. Internationally qualified nurses (IQNs) may obtain their first New Zealand RN position in ARC, only to later return to their former acute speciality.

Some research suggests that student nurses lack confidence with older people and underestimate the knowledge that is required to work in gerontology (Neville et al., 2014). Students may feel overwhelmed or ill prepared when encountering older people with behaviours of concern (Robinson & Abbey, 2007). Clearly, a deliberate investment is required to attract and retain new nurses into ARC facilities. Some Nurse Entry to Practice (NEtP) programmes are offering rotations in gerontology settings for new graduate nurses in New Zealand. The Southern District Health Board (SDHB) is one of the programmes currently supporting the transition of new nurses into aged care, in an attempt to lessen the reality shock and under-confidence often cited as accompanying this transition (Davenport, 2018).

THEORETICAL PREPARATION

Having identified several barriers to the recruitment and retention of nurses in aged care, how do we foster the skills and knowledge required by student nurses for this specialty? Koehler et al. (2016) suggest that a positive learning environment fosters a good perception of aged care nursing. Students need exposure to experts in gerontology advocating for the complex problem solving and satisfying career pathway that this specialty offers.

One area requiring complex problem solving is medication management in the older population. Emerging nurses need to understand the issues that commonly present in the older age group. Casey (2014) suggests that up to 10 percent of hospital admissions for older persons relate to adverse drug reactions (Casey, 2014). In addition, polypharmacy can occur, not surprisingly with 30 percent of New Zealanders over the age of 75 years taking five or more medications regularly (Casey, 2014). Many older New Zealanders also use over-the-counter (OTC) preparations sometimes with limited health literacy or understanding of what they are taking. It requires a team approach to ensure that medication management is appropriate in the presence of so many potential pitfalls.

The involvement of multiple specialist teams in one person's healthcare may contribute to a prescribing cascade, where medications are prescribed to manage the effects of other medications. This underscores the importance of medicines reconciliation at points of care transition where patients are especially vulnerable to transcribing or administration errors. One example of this would be a resident from an ARC facility who is admitted to hospital acutely only to have regular medications suspended without being recommenced upon discharge. Student nurses are ideally placed to make linkages between complex medication scenarios and the pharmacology knowledge, clinical assessment skills, critical thinking and inter-professional communication required for ongoing medication vigilance.

Davenport (2018) suggests that student nurses need to understand the unique contribution that each member of the wider healthcare team brings. Care teams often extend beyond the general practitioner and pharmacist to include a podiatrist, dietitian, diversional therapist and needs assessment and service coordination service. The importance of a collaborative team approach for effective aged care nursing must be explicitly taught (Annear et al., 2014).

The composition of the 'healthcare team' may look different for senior New Zealanders living in isolated or rural communities. Limitations in access to specialist services may be offset by telehealth or access to health professionals via mobile surgical services. Some populations have limited options for respite care with informal networks of care not always being recognised by funders. These complexities require nurses with high level problem-solving skills, as do older people who may delay presenting with syndromes such as delirium, incontinence or falls risk, until they can no longer clinically compensate. It may be an undiagnosed infection, a gradual loss of mobility or declining cognitive function that is the final impetus for an acute admission. All of these scenarios are rich opportunities for student learning and problem solving.

PRACTICAL PREPARATION

Where older people require assistance with personal hygiene, there needs to be a re-phrasing of this work as 'essential care' rather than 'basic care'. This practical care affords the opportunity for communication and assessment of physical and cognitive function. How do student nurses learn these skills and learn to value these skills, often gained when working with caregivers rather than RNs? "The challenge for student nurse education in aged care is to make training clinically relevant when learners often work alongside less qualified care staff" (Annear et al., 2014, p.2). Students benefit from exposure to the knowledge base of caregivers. Described as the eyes and ears of the nurses, caregivers are involved in intimate hygiene care including bathing, dressing, toileting, bowel or bladder care. The challenge of working alongside unregulated staff comes when the students witness care that is at odds with what they have learnt in their undergraduate programme (Robinson & Abbey, 2007). This

gap between theory and clinical practice may cause moral distress for students but also affords an opportunity for guided reflection and the development of self-awareness.

Undergraduate nursing programme providers have a responsibility to reinforce the value of the caregiver role within the context of an effective working relationship between RNs and caregivers. A review of direction and delegation principles prior to clinical placement can help to reduce the culture shock that many students experience on placement. Discussion should include the scope of practice and limitations of each group with reference to the Nursing Council of New Zealand (2012) Guideline Delegation of care by a registered nurse to a health care assistant. This guideline contains a decision-making process that is useful when RNs are delegating care to a caregiver or other staff member, in the interests of the recipients of care.

Effective communication includes an understanding of a shared language and tools that guide caregivers when assessing residents and escalating concerns to the RN. One tool created by the Health and Disability Commissioner demystifies the Code of Health and Disability Services Consumers' Rights (1996). Entitled *Making it easy to put the Code into Action*, this booklet is designed to assist caregivers to understand and support the rights of those in their care. Caregivers may be the first to notice early changes in a resident's condition. The 'Stop and Watch: Early Warning Tool' (Florida Atlantic University, 2014) assists caregivers in recognising clinical deterioration. The tool uses an acronym, outlining subtle everyday changes that warrant escalation and further assessment by the RN. An example might be a resident who requires an increased level of assistance when mobilising.

SENIOR PERSON'S HEALTH IN THE BN CURRICULUM

Four key issues are identified in the literature as deterring student nurses from a career in gerontology, namely societal values about aging, perceived poor working conditions, undergraduate nursing curriculum, and clinical placement (Neville et al., 2014). A new clinical course in aged care nursing for undergraduate students at Otago Polytechnic was approved for delivery in early 2020. The lecture team desired to prepare a clinical course that would prepare second-year student nurses theoretically prior to a four-week clinical placement in an aged care setting. Students would complete the course in cohorts of almost thirty at a time.

CONSULTATION AND COLLABORATION

Neville, Wright-St Claire, Healee, and Davey (Auckland University of Technology, 2016) suggest that outcomes in aged residential care are improved where strong relationships exist between key stakeholders. Consultation and collaborative relationships between nurse leaders from gerontological clinical practice and the academic provider were essential in the planning phase of the Senior Person's health course. This view was supported by Lea et al. (2014) who promote strong linkages between the clinical placement area and providers of nursing curricula as essential for learning in context and positive placement. Neville et al. (2014) recommend that academic staff enlist gerontological experts in the development, implementation and review of all curricula in gerontological nursing.

Consultation with gerontological experts included the SDHB nurse practitioner in older person's health, managers from the ARC sector and allied health colleagues from speech language therapy, occupational therapy and dietetic specialties. Sheryl Haywood, the Nurse Practitioner in older person's health at Dunedin Hospital generously invested both her clinical expertise and teaching time in the course. Haywood reinforces the high-level skill and knowledge required in the ARC sector with residents, many of whom have complex care needs, on the verge of needing hospital-level care (Manchester, 2016). Lecturers and clinicians with specialist knowledge in palliative care, disability and undergraduate medical preparation all kindly shared their perspectives. The challenge was the distillation of this collective wisdom within the constraints of the directed and self-directed learning hours allocated to the course.

THEORY LECTURES

Research suggests that lecturers with relevant knowledge and dedication towards gerontology can assist students to make linkages between clinical practice and theoretical concepts (Brynildsen et al., 2014). The new course included 20 directed hours, comprised of guest lecturers including the Nurse Practitioner in older person's health, the Otago community hospice, and solicitors presenting on aspects of competent decision making, enduring power of attorney (EPOA) and end of life choice. Content included clinical assessment, history taking, carer burden, dementia care and mental health in later life. Concepts such as elder abuse, geriatric syndrome, the palliative care movement and Te Ara Whakapiri (the last days pathway) were also introduced. The importance of medicines vigilance and the pivotal role of nurses in the prevention of adverse drug effects was reinforced through review of real errors, both acts of commission and omission. This reinforced the ideal position that nurses in ARC hold, for the initiation of medicines review, including appropriate dosages (Casey, 2014).

TARGETED EMERGING LEARNER MODULE WEEK

Preparation for clinical placement must begin prior to placement if meaningful engagement in clinical placement is to occur (Lea et al, 2014). The students enrolled in the Senior Person's health course engaged with a weeklong emerging learner module (ELM), fostering engagement with practical skills and aspects of critical thinking that are integral to gerontological practice. Each student participated in a small group simulation involving a roleplay with guided debrief. The scenario was that of an older gentleman, presenting at a rural general practice with acute delirium and other complexities. The students had to obtain a health history, complete a focused delirium assessment then ascertain what might be unfolding. It was impressive to see the students in the second block of the year complete this simulation online in a virtual space (Figure 1). Another highlight of the week was a professionalism scenario acted out by the lecturing staff. As the scenario grew in complexity, the students identified the various professional boundaries or relevant ethical codes that were at play, before suggesting possible solutions for these.

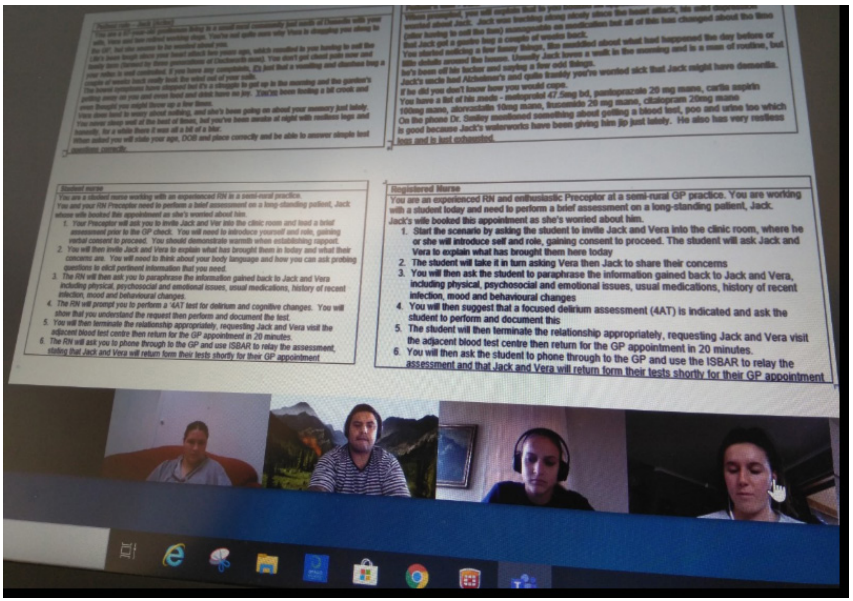

Figure 1. Virtual simulation during COVID-19 pandemic.
Source: Kerry Davis.

Society reinforces many negative stereotypes of aging, including stories of later years that are unproductive, asexual or decrepit (Robinson & Cubit, 2005). Students need to understand these myths, so that they do not negatively influence the students' perceptions about working with older people. The ELM week included a media review, where each student located and presented one media portrayal of an older person. These ranged from inspiring and positive tales of super agers to stories of the frail elderly, succumbing to COVID-19. The media review was enhanced by a local newspaper journalist who explained the factors that deem a story to be newsworthy. Enlightening discussion followed on the ability of the media to problematise and catastrophise the later years, including the use of language such as 'the grey tsunami'.

The Office for Seniors (2019) reminds us that society often views seniors as a burden, rather than worthy of respect. The lecturers sought to challenge this bias by presenting the student nurses with actual examples of vital and valued seniors, living independently or with support. The students were challenged to develop curiosity about seniors and the lives that they have lived, to inform a person-centred approach to care. Askerud et al. (2020) underscore the importance of person-centred care in New Zealand, where the person's preferences should be integrated with concepts of whanau (family) and whanaungatanga (connectedness). Students met a 91-year woman who lives independently, refining their interviewing skills with her. The reward for their efforts was a rich story of a full life and the health practices that are integral to it. An immersive learning exercise featured common household items and stories from a bygone era, set against the Second World War recordings of Vera Lynn.

Aristotle said that "Educating the mind without educating the heart is no education at all." Heart education requires empathy, seeking the perspective of another person. Oliver (2017) suggests that the nursing profession must nurture compassionate behaviours that are required in this sector. Within the SPH course, the soft skills of self-awareness and empathy were fostered using empathy scoring and an introduction to success stories from the ARC sector. Programmes that involved engagement with music, children, plants and animals were explored. A human rights approach was threaded throughout the ELM week with emphasis on respect and dignity of the person, seeking the voice and autonomy of the senior wherever possible.

Figure 2. Getting ready for the day.
Source: Kerry Davis.

A tutorial in the ELM week afforded the opportunity to interview a younger senior and apply the information gained to common assessment tools, including falls risk, pressure injury risk and continence assessment tools. Students practiced asking targeted questions and received feedback on their questioning techniques. They then integrated their strengths-based assessment into a shared plan of care.

Small group work included student rotation through three practical labs, developing the skills that are required when assisting a person with mobilising, hygiene needs or getting ready for the day (Figure 2). Skills included oral care, cleaning dentures, performing a facial shave or mobilising around the campus, with the students alternating between roles. Robinson (2005) suggests "The importance of acknowledging that young nursing students are often confronted by the experience of caring for old, wrinkled bodies in a culture where aging is feared and youth celebrated cannot be over-estimated" (p .49). In response to this challenge, the students watched a recording of a caregiver assisting a naked resident with a full shower and other hygiene needs. As a group the

students participated in a guided debrief, acknowledging their responses to naked older bodies and the awkwardness that accompanied this for some. After clinical placement, several students commented that these activities had helped to prepare them for essential hygiene cares on clinical placement (Figure 3).

Figure 3. Essential hygiene cares.
Source: Kerry Davis.

PRECEPTOR SUPPORT

Brynildsen et al. (2014) stress the importance of preparation of preceptors in clinical placement areas. A good preceptor will enhance student learning by helping students to make links between theory and practice (Robinson et al., 2007). During the planning phase of the new course, academic staff involved in SPH met with the managers of the various clinical facilities to discuss the course outline and portfolio requirements. Discussion extended to an exploration of how preceptorship models would work and a sharing of resources to support both learner and preceptor. These resources include a written preceptor feedback form, a table outlining the appropriate involvement that second-year students can have with fluid and medications and a clinical experience guide to skills, policy and learning opportunities that are appropriate for the placement.

Davenport (2018) identifies one challenge in placement in ARC settings as a lack of guidance and support from either the preceptor or the clinical lecturer. Factors that enhance clinical placement include a welcoming environment, effective orientation, an understanding of everybody's roles and the presence of supportive and knowledgeable mentors (Lea et al., 2014). Anecdotally, a lack of continuity with RN preceptors is also a factor. Discussions with each ARC facility included review of what orientation would look like. From the outset, it was apparent that the ARC sector was very committed to the success of the placements.

CLINICAL PORTFOLIO

Assessment of student learning was by clinical e-portfolio and included self-assessment against the course learning outcomes. Written feedback from clinical lecturers and preceptors was constructive, linking directly to course learning outcomes, based on the Nursing Council's competencies for Registered Nurses. Portfolio requirements included a written reflection on the impact of a psychosocial or mental health issue, seen in an older person in the student's care. Examples included loneliness, social isolation, depression or challenging behaviours relating to dementia disorders such as loss of expressive speech. In addition, students explored a support group or community agency relevant to the identified issue.

Assessment skills and critical thinking skills were developed through completion of a focused assessment, using an established tool such as a pressure injury risk, delirium scoring or a nutritional assessment. The student identified nursing diagnoses based on their assessment findings and made linkages to the person's care plan or personal plan.

CLINICAL PLACEMENT

Clinical placement involved 120 hours worked across a four-week period in an ARC hospital, rest home or dementia care facility. The COVID-19 pandemic early in 2020 interrupted placement in Block One. The national shift to Alert Level 2 necessitated a rapid and creative response with students being placed in acute care and outpatient settings, while the country was at Alert Level 2. Although many of the settings would not be considered traditional aged care placements, the students showed themselves to be agile, transferring their newly acquired senior person's health skills and knowledge to older people presenting in these settings. Each student worked with a designated preceptor to plan and achieve SMART goals, relative to seniors in that setting. SMART goals are specific, measurable, achievable, relevant and time bound.

EVALUATION

While yet in its infancy, evaluation of the evolving clinical course is essential. The student perspective of teaching (SPOT) in this clinical course has been captured, with results reflecting student satisfaction with their preparation for clinical placement. Students described the ELM week content as relevant and having prepared them especially well to communicate with older residents and perform focused clinical assessments. The activities to foster empathy received special mention.

Academic staff involved in this course have been impressed by the maturity of the students and the depth of their critique and investment in aged care placement. Some students have chosen to continue as paid caregivers after clinical placement was completed while others have chosen to explore voluntary work within the sector, for instance Aged Concern Otago's accredited visitor service (AVS), responding to loneliness and isolation in senior citizens. Academic work of the students has also received positive comment from the ARC sector. For instance, a student performed a focused assessment on a resident, involving medicines review in the context of multiple medications. The manager of the facility asked to share this work with the General Practitioner as part of an upcoming clinical review.

Further collaboration between the academic and clinical settings is planned, including a formal survey of managers from the ARC sector for their perspective on the success of the course. It is also hoped that more rural placements may be obtained, after some early successes. Planning is underway for a deliberate investment in preceptorship in the aged residential care sector. It is hoped that further engagement and investment in the staff who work alongside students on clinical placement will enhance both the learning and the clinical experience of students on placement.

CONCLUSION

Robinson and Abbey (2007) state that "Clinical training in aged care for student nurses is a key pillar for maintaining and improving care standards in the fastest growing sector of our health services" (p.6). Academic staff at Otago Polytechnic believe that the new course in senior person's health emphasizes the value of older New Zealanders and builds capacity while inspiring the future nursing workforce who will care for senior New Zealanders in a variety of settings. Each older New Zealander holds a unique story and deserves care that is delivered with dignity and specialist knowledge. The teaching team are champions for gerontological nursing in all of its magnificent complexity. To finish where we began, with 'Ulysses' and the words of Alfred Lord Tennyson, as cited in Baron (2002):

Old age hath yet his honour and his toil;
Death closes all: but something ere the end,
Some work of noble note, may yet be done,
Not unbecoming men that strove with Gods. (p.16)

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